Compass

A Community Resource in HIV/AIDS-Related CBR Summer 2006 **Volume 1 Issue 1**

Community-Based Research and HIV/AIDS: Navigating Together

We're thrilled to bring you the inaugural issue of Compass. Our aim is to inspire development in the HIV/AIDS sector while celebrating excellence and innovation in Community-Based Research (CBR). To do this, Compass has been created for community members, agency staff, researchers, and policy makers to support a shared interest in informed advancements in the fight against HIV/AIDS.

Just as collaboration is a key value in CBR, *Compass* is a collaborative endeavour of the Community Linked Evaluation AIDS Resource (CLEAR), the Ontario AIDS Network (OAN), and the Ontario HIV Treatment Network (OHTN). All three organizations are funded by the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care. In different ways, they share a mandate to support HIV/AIDS-related CBR in Ontario. Through the work of our organizations, it became clear that there are exciting initiatives in the province that should be shared among those working in the area of HIV/AIDS.

We have chosen the title *'Compass'* to remind us that we must navigate together on a journey of invention, learning and capacity building to address the concerns of social justice and the social determinants of health that affect HIV/AIDS. As committed stakeholders, we all need tools and current information to help us move forward in a complex and evolving environment.

Each issue of *Compass* will feature guest contributors who will focus on a selected theme. The various sections of *Compass* will showcase CBR, reveal insights for practice and policy development, and offer further resources. Our first issue is focused on HIV prevention, needle exchange programs, and people who use drugs in Ontario. Our guest editors are Carol Strike, from the Centre for Addiction and Mental Health, and Ron Shore, from the Street Health Centre of the Kingston Community Health Centres.

We would like *Compass* to become a resource that has lasting value and continued relevance. To uphold that ideal, we need to hear from you. In addition to commenting on the articles, we welcome other feedback and your suggestions about future content.

What is CBR?

CBR is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.

Kellogg Health Scholars Program, cited in Minkler and Wallerstein, Community-Based Participatory Research for Health. Jossey-Bass (2002)

INSIDE

From the Guest Editors:

Carol Strike, the Centre for Addiction and Mental Health and Ron Shore, Kingston Community Health Centres

Needle exchange programs (NEPs) have operated in Canada since 1989, yet there remains great inconsistency and variation in program practices. While the effectiveness of NEPs has been consistently demonstrated, to this date there has been little done to unpack the "black box" of program variables. At the same time, the health risks faced by our client communities have never been more severe, and the need for innovative, responsive and evidence-based practices has never been greater.

The idea of Best Practices Guidelines for NEPs originated in Ontario about three years ago among discussions between program managers. At that point, no guidelines, standards, consensus or synthesis of scientific literature could be found to help programs and policy makers develop their programs. In short, what was lacking was a clear base in evidence for NEP practices.

That has changed. Using a participatory framework, Ontario NEP managers and a team of researchers have collaborated to create a set of practices to help harm reduction programs consolidate their gains and improve their services. This is a profound step forward in the legitimacy of harm reduction. We are excited and proud to present a summary of these best practices in this inaugural issue of Compass.

We have tried to put the best practices in context by presenting the findings of two community-based harm reduction research initiatives in Ontario. Both Thunder Bay and Ottawa are hot-spots in harm reduction; both cities have serious health risks facing drug users and both have recently developed innovative program responses worthy of our attention.

NEPs work on a daily basis with communities stricken with poverty, illness and marginalization. Against this background of need, motivated by a mission of health for all, NEPs need the support of academics and researchers to do their jobs well. People's lives depend on it.

This inaugural issue of Compass represents a huge step forward in such collaboration and ultimately in the improvement of harm reduction in Canada. We dedicate this issue to all those we have lost to preventable harm.

Needle Exchange in Ontario: Best Practices

Carol Strike, Ph.D., and Ron Shore, B.A., M.P.A.

> *"Often the work of NEPs is reduced to the distribution and disposal of needles but these programs are much more comprehensive. The Best Practice Recommendations is an evidence base to develop and evaluate NEPs, and to advocate for funding of comprehensive services for people who inject drugs."*
>
> *Carol Strike*

Best Practice Recommendations for Needle Exchange Programs in Ontario (Best Practices) is a ground-breaking document that is significant for its bottom-up origins within the needle exchange community, and for the remarkable prospects it now offers in terms of social action and policy change.

Principle of HIV/AIDS CBR: Community Driven, Community Relevant

The Ontario Needle Exchange Coordinating Committee (ONECC) contracted academic researchers to undertake the first major best practices research in Ontario. First promoted by Ontario needle exchange programs (NEPs), Best Practices contains a concise set of practice recommendations based on international scientific evidence. In its creation, more than 700 scientific documents, web-based guides and other materials were reviewed and synthesized. Input from scientific experts and front-line NEP staff was used to create recommendations that are relevant to everyday NEP work. Funded by the Health Canada Drug Strategy

Carol Strike of CAMH presents as sixty-five people from Ontario and across the country attend the launch of the Best Practices document at a highly successful Think Tank held in Toronto on June 5, 2006.

Community Initiatives Fund, the document was launched at *The Best Practice Recommendations for Needle Exchange Programs (NEPs) in Ontario: A Think Tank on Dissemination, Implementation and Next Steps* held in Toronto on June 5, 2006.

Best Practice Recommendations

- Create a distribution policy with respect to needles and other injection equipment (i.e., cookers, sterile water, filters, acidifiers, alcohol swabs, and tourniquets). It is recommended that clients be given needles and all other injection equipment in the quantities they request to increase the accessibility of sterile needles and other injection equipment, and to increase the prevention of HIV, HCV and HBV and other blood-borne pathogens.
- Distribute glass stems in the quantities requested by clients without any limits or barriers, to reduce the potential for transmission of HIV and HCV when equipment is shared or reused.
- Teach clients about safer injection and equipment disposal techniques, signs and symptoms of overdose, skin and soft tissue infections, first aid and cardio-pulmonary resuscitation, and when to call and what to say when asking for overdose-related medical assistance. Teaching information and technique is important to ensure that clients can benefit and tell others about it.
- Teach clients about how STIs are transmitted and can be prevented. Distribute male and female condoms, lubricant, dental dams and latex gloves in the quantities clients request without any limits or barriers.
- Provide more than one type of service delivery model, including: fixed site, mobile, satellite sites, home visits, peer-based and pharmacies. Different delivery models attract different types of clients and the strengths of one model can be used to offset the weaknesses of other models.
- Provide counselling and referral services and improved access to primary care services. Form partnerships with other agencies and health care providers to ensure that clients have access to a wide variety of services on-site at the NEP or at locations where they will be welcome. Vaccination of clients with HAV, HBV, influenza and pneumonia, and offering access to testing for HIV, HBV, HCV and tuberculosis are recommended.
- Establish a relationship with law enforcement early in program development. Providing in-service training for law enforcement agents and negotiating agreements is a recommended practice to ensure that NEP equipment is not confiscated, clients and staff are not unnecessarily detained, and the NEP and its vehicles are not used for surveillance purposes. A procedure for resolving disputes between NEPs and law enforcement agencies is also recommended.
- Ongoing program evaluation using a variety of methods is important. Assessment of HIV and HCV prevalence and resource requirement assessment is a crucial best practice to ensure that NEPs are effective.

While developed specifically for Ontario, the *Best Practice Recommendations* are an exemplar for other jurisdictions. Because of its scientific methodology, it also serves as a tool for social activism.

Social Action Outcome: "The document provides a basis for social activism because community members and service providers can use it as rigorous scientific data to argue for necessary policy and program changes."

Ron Shore, ONECC member

Document Reference:
Strike C, Leonard L, Millson M, Anstice S, Berkeley N, Medd E.
Ontario Needle Exchange Programs: Best Practice Recommendations, Ontario Needle Exchange Coordinating Committee, Toronto, 2006.

To access the document:
www.ohtn.on.ca/compass.htm

For more information please contact:
Carol Strike: Carol_Strike@camh.net
Ron Shore: rons@streethealth.kchc.ca

The Sleeping Giant: A Day in the Life of a Needle Exchange Program

© 2006, Ontario Needle Exchange Coordinating Committee, 11 minutes

The Sleeping Giant video was launched with resounding acclaim to community members, policy and front-line stakeholders at* The Best Practice Recommendations for Needle Exchange Programs (NEPs) in Ontario: A Think Tank on Dissemination, Implementation and Next Steps. *Sleeping Giant guides viewers through a day in the life of a harm reduction program in Thunder Bay, Ontario. The video drives home the effectiveness of NEPs in connecting users to much-needed services and decreasing their risk for HIV and other blood-born pathogens. It is an essential video for front-line workers in the harm reduction sector, for policy-makers, and for others working in public health who wish to better understand issues facing NEPs. As such, it has significant and practical applications at the national and international level.

For more information on the Think Tank, to access the 'Best Practices' document, or to download the DVD please go to: http://www.ohtn.on.ca/nep.htm

Community-Based Practice and Principles

Shelley Cleverly, Carolyn Byrne, Robb Travers and Colleen McKay

Community groups, funders, policy makers and researchers increasingly acknowledge Community-Based Research (CBR) as a vital tool for making key advances in the fight against HIV/AIDS. Numerous organizations, including the Canadian Institutes of Health Research, the Wellesley Institute and The Ontario HIV Treatment Network offer funding mechanisms in support of CBR. With this inaugural issue of *Compass,* we set out some of the fundamentals of CBR, as well as our position on its practice and value.

The Epidemic and Context

The Public Health Agency of Canada estimates that there are more than 50,000 Canadians infected with HIV, including unreported infections. Ontario is home to more than 40% of known Canadian infections.

Dr. Robert Remis of the University of Toronto, who monitors the epidemic for the AIDS Bureau of the Ministry of Health and Long-Term Care, reports that, in Ontario, HIV continues to be a disease of those living on the margins. Rising rates of infection continue among immigrants from Africa and the Caribbean, gay men and men who have sex with men, intravenous drug users, heterosexual women, and Aboriginal people.

With the introduction of highly active anti-retroviral therapy in 1996, many HIV-infected people now live much longer, but often struggle with the symptoms and side effects of medications. People who are infected and affected by HIV/AIDS have experienced significant effects in the quality of their lives, including reduced opportunities to access welcoming health services, pursue education, seek employment, secure income, and affordable housing (commonly referred to as the social determinants of health). Other factors have compounding impacts, including cultural barriers, immigration, ignorance, stigma, and social devaluing and disadvantage.

As a consequence, HIV/AIDS CBR is a field of research that seeks to effectively and sensitively respond to a wide range of intersecting issues that too often result in marginalization and extreme vulnerability.

The Practice of CBR

CBR is community-based and community-focused in its purposes, processes and objectives. It combines aspects of traditional research with goals of community development and capacity building. It allows communities to effectively address the social determinants of health through increasing awareness, mobilizing knowledge and influencing public policy.

Like all ethical research, CBR is guided by the principle of 'doing no harm.' In addition, it requires that we 'do good' in ways that go beyond tokenism and band-aid solutions, ensuring the community is substantially better off as a result of the research. It is about a profound respect for lived experience, for community betterment, and the development of local resources and leaders.

The Principles of HIV/AIDS CBR

To bring together the domains of HIV/AIDS and CBR and to support practice in our sector, we have created a set of principles as follows:

- **Community Driven:** HIV/AIDS CBR recognizes the diversity of communities affected by HIV/AIDS and privileges research identified and/or initiated by specific communities.
- **Community Relevance:** HIV/AIDS CBR prioritizes the lived experience of people living with HIV/AIDS (PHAs) and the current concerns of the HIV/AIDS movement, and recognizes the extent of the epidemic.
- **Equitable Partnerships & Collaboration:** HIV/AIDS CBR recognizes that each partner brings unique skills and experiences necessary for building equitable and effective research partnerships.
- **Capacity Building:** HIV/AIDS CBR is committed to ensuring opportunities exist for co-learning and knowledge exchange for all research partners and other stakeholders throughout the CBR process.
- **Anti-Oppression Framework:** HIV/AIDS CBR recognizes the historical and current injustices that underlie social and health inequities particularly in marginalized communities affected by HIV/AIDS and addresses them throughout all phases of research.
- **Attending to Process:** HIV/AIDS CBR recognizes and values the necessary processes and time involved in collaborative research with multiple partners including creating mechanisms that attend to power relations, facilitate sharing information, decision-making and resources, and encourage equitable participation.
- **Multiple Forms of Knowledge:** HIV/AIDS CBR recognizes the complexity of issues facing PHAs and affected communities and values multiple perspectives and different forms of knowledge.
- **Action Outcomes:** HIV/AIDS CBR is committed to enhancing the quality of life of PHAs and affected communities by improving the state of social justice and the social determinants of health.

It is our hope that these principles will inspire and direct high quality practice among those who undertake HIV/AIDS CBR projects. We view *Compass* as a vehicle for sharing and learning from the experiences of others; the articles in this issue are excellent examples of the translation of these principles into action.

The Ottawa Experience:
Needle Exchanges Well-positioned to Scale Up Harm Reduction for Crack-Smoking Injection Drug Users

Lynne Leonard[1], Emily Meadows[1], Linda Pelude[1], Joyce Seto[1], Nick Birkett[2], Emily Medd[1].

[1] HIV Prevention Research Team, Department of Epidemiology and Community Medicine, University of Ottawa.
[2] Department of Epidemiology and Community Medicine, University of Ottawa.

CBR in Action

"I view research as 'currency to exchange for better services.' Having good data is a motivator for public health and community groups as it gives them common ground for working in collaboration to address harm reduction and NEP issues."

Lynne Leonard

Researchers in Ottawa have created a highly successful record of collaboration and accomplishment in support of Community-Based Research and programming. For example, Dr. Lynne Leonard of the University of Ottawa and Harm Reduction Project Officer Paul Lavigne of the Ottawa Public Health Department have developed an exemplary working relationship. For more than a decade, the University and the Public Health Department have collaborated on CBR aimed at disease prevention, risk reduction and the advancement of community-driven service improvement.

Principle of HIV/AIDS CBR: Equitable Partnerships and Collaboration

Lynne's relationship with community groups and users extends over a decade. She has worked in the public health field and with NEPs in Ottawa since 1991, and was involved in evaluating the Ottawa NEP in1996. Her work with NEPs in Ottawa before she became a university-based researcher established her status as an advocate who promotes the benefits of CBR to the community.

Paul's involvement began with his recognition of disturbing trends in the unsafe equipment used by crack smoking IDUs, and the consequent health risks and impacts, including HIV and HCV infection. He views collaboration with the University as a central pillar in support of the programming advances that have been made in Ottawa in recent years.

There are several Ottawa examples of stakeholders working in collaboration to solve complex issues related to harm reduction. The Joint Action Team on Injection Drug Use is a coalition of diverse agencies and researchers involved with IDUs. The Site Program Departmental Consultation Group (SPDCG) is a City Council-appointed group comprised of users, community associations, police, public health workers and epidemiologists. With researchers providing evidence-based input, this group makes recommendations to the City of Ottawa Board of Health.

"The distribution of safer inhalation equipment in 2005 was met with incredible controversy … but the committed relationship we enjoy with the University of Ottawa was one of our enduring strengths."

Paul Lavigne

Research Highlights

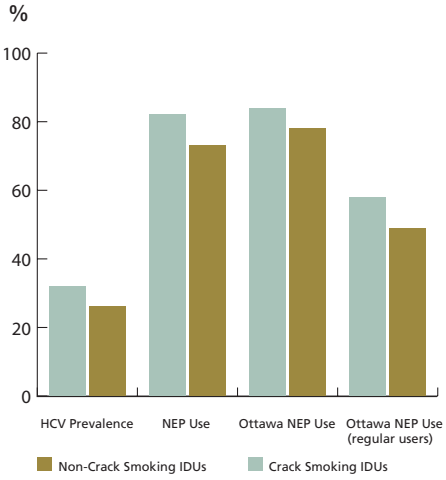
The emerging scientific evidence of the HIV and HCV-related risks associated with sharing crack-smoking implements, coupled with unacceptably high levels of HIV and HCV infection among Ottawa injection drug users (IDUs), led to a study examining the prevalence of crack smoking and related risk behaviours among a younger group of IDUs.

Funded by the Canadian Institutes of Health Research and the Canadian Foundation for AIDS Research, 456 active, street-recruited IDUs under 30 years of age consented to personal interviews and provided saliva samples for HCV testing between February 2004 and February 2005. The study compared crack-smoking IDUs with non crack-smoking IDUs against a number of demographic and HIV and HCV risk-related factors.

Among women and men in Ottawa who inject drugs, prevalence rates of

(Continued p.6)

Crack Smoking and Non-Crack Smoking IDUs: Differences in HCV Prevalence and NEP Use



The Ottawa Experience
(continued from p.5)

HIV (20.6%) and HCV (75.8%) are the highest in the province and among the highest in Canada. Recent research evidence suggests the potential for the transmission of HIV and HCV through the multi-person use of crack-smoking implements.

In the absence of easy access to glass stems with rubber mouthpieces, crack smokers use metal pipes, pop cans and car antennae to smoke crack, a highly addictive rock form of cocaine. These implements over-heat as the crack is smoked and users experience burns to their lips and fingers that frequently develop into open sores. The same effects are experienced when using glass stems without rubber mouthpieces.

In addition, cuts to the mouth and hands are frequent due to broken glass stems and jagged metal edges on pop cans and other metal pipes. The cuts and open sores enable the transmission of blood-borne pathogens including HIV and HCV when crack-smoking implements are shared among users.

Crack smoking among younger IDUs was high: 75% had smoked crack in the six months prior to interview; and among this group, 86% in the month prior to interview. The frequency of smoking crack was also high: 42% had smoked crack at least three times a week or daily in the month prior to interview.

In terms of HIV and HCV-related risk behaviours, 72% had shared crack-smoking implements in the six months prior to interview. Of these, 90% had shared in the month prior to interview. Crack smoking is a common and frequent practice among younger IDUs. According to the evidence, those who smoke crack are very likely to be sharing implements.

As the vast majority of crack-smoking IDUs access NEPs, these programs appear well positioned to scale-up their harm reduction activities to provide specific tailored harm reduction services such as safer crack-smoking education, information and counseling, complemented by the distribution of safer crack-smoking implements.

Social Action Outcome: Based on the results of this study and other scientific evidence, the Ottawa NEP and some of its partner agencies began the distribution of safer crack-smoking resources in April 2005. A comprehensive evaluation of this initiative one-month and six months post-implementation has recently been completed.

For more information please contact:
Lynne Leonard lynne.leonard@uottawa.ca

The Thunder Bay Experience:
Drug Use and the Sharing of Works Among Street-Involved and Homeless Youth in the District of Thunder Bay, Ontario

Lee E. Sieswerda[1], Don E. Young[1], Michael D. DeProphetis[2], Neil Nelson[3], Darlene Binette[1]

[1] Thunder Bay District Health Unit, Thunder Bay, Ontario
[2] Thunder Bay Regional Health Sciences Centre, Assertive Community Treatment Team
[3] Diversity in Policing Project, Thunder Bay Multicultural Association

Clash of Cultures

"Epidemiological research design requires consistency, planning, abstract reasoning and precision, whereas harm reduction staff involved directly with street clientele are usually motivated by fast, concrete and effective action. There was a learning curve for both sides, since working on a research project with such a diverse team was new for everyone."

Lee Sieswerda

CBR in Action

Keenly aware that street-involved youth in Thunder Bay lacked services appropriate to their needs, harm reduction worker Don Young initiated a research project with members who were diverse in their backgrounds and affiliations, including a Ph.D from the Diversity and Policing Project, a graduate student in social work, and a peer coordinator with strong ties to street youth. To research street-involved youth and their drug habits the researchers had to be able to speak their language. For this reason, Don was indispensable as a "buffer person" to translate between two cultures, that of the street-involved youth and those, such as the epidemiologist, who had not previously worked with street-involved youth.

Principle of HIV/AIDS CBR: Capacity Building

In order to effectively research drug use among street-involved and homeless youth, we employed five street-involved youth (17-20 years of age) as interviewers. These peer inter-

Don Young of the Superior Points Harm Reduction Program in Thunder Bay receives an Award of Recognition for his contributions to harm reduction.

viewers had access to Aboriginal youth gangs, injection drug users, homeless youth, and the bisexual community. All were asked to keep journals, and many expressed thoughts of deep personal value gained from helping others through this research project. Four of the five have since made substantial improvements in their own lives, such as pursuing a college degree.

Potential survey participants were identified through peer networking and location-based sampling. Interviewers targeted drug-using, street-involved and homeless youth between the ages of 16 and 24. All interviewees were compensated for their time with five-dollar sandwich coupons. We collected 313 questionnaires between March and April 2005, estimated to be 80 per cent of the population of street-involved and homeless youth in Thunder Bay. This is a remarkable achievement that was made possible only through the participation of the peer interviewers.

Research Highlights

- For the purposes of this study, "works" were defined as any paraphernalia that could transmit a virus. Thus, works could include not only needles, but also pipes, straws, bills, etc. Using this definition, 75% reported having shared works at some point in the past and 61% as currently sharing works.
- 30% of the sample admitted to having injected drugs, and 71% reported knowing an intravenous drug user personally.
- Despite the fact that Thunder Bay has the most active NEP in Ontario, (600,000 needles distributed in 2005) 66% of current sharing is attributed to the cost, inconvenience and difficulty of accessing clean works. 27% of those currently sharing do so because they feel uncomfortable insisting on clean works. This is in keeping with the intimate, communal nature of drug using. A significant number of respondents did not know that non-needle works like pipes, straws, and bills should not be shared.

Despite the well-known risk of infection associated with sharing needles, and the very active NEP in Thunder Bay, a significant number of users continue to share needles. The high rate of sharing of all types of works suggests a need for more comprehensive harm reduction programming for street-involved and homeless youth. Most of this population is unaware of the infection risk associated with the sharing of snorting equipment and pipes. In order to address this gap, harm reduction staff need to have both the physical resources, like clean crack pipes and straws, as well as the time and expertise to act as educators.

The Thunder Bay harm reduction program has achieved remarkable penetration into the IDU community, but greater accessibility for users is still needed. The peer interviewers' success in reaching so many high-risk youth in a short period of time suggests that peer workers could help harm reduction teams to increase their penetration and acceptance in the youth subculture.

Social Action Outcome: Finding high rates of works-sharing among youth in the Thunder Bay District has made the Public Health Department more committed than ever to harm reduction. Proposals to hire a youth-specific harm reduction worker and to conduct more active HCV testing are being considered. This project will likely result in more services being provided to street-involved populations, and in a more sensitized institutional culture.

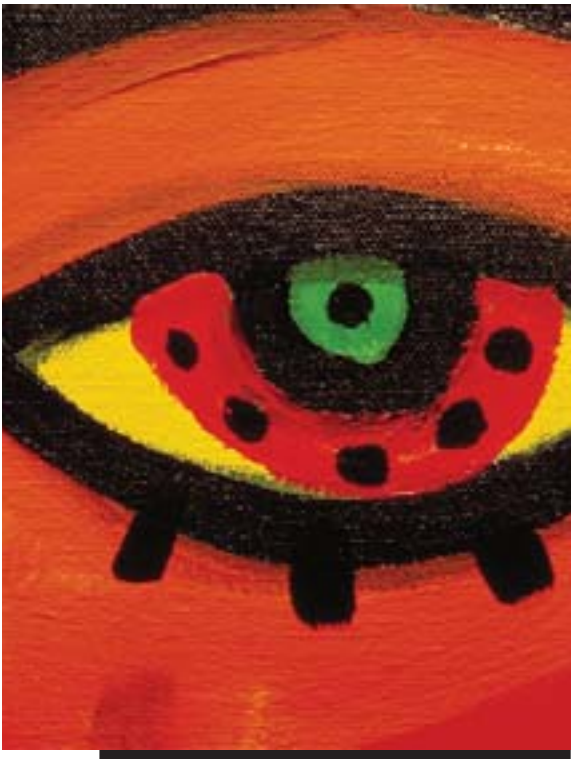
This project was funded by the Public Health Agency of Canada, Healthy Environments and Consumer Safety Branch Ontario Region; the Drug Strategy Community Initiatives Fund; and the Thunder Bay District Health Unit.

For more information please contact:
Lee Sieswerda Lee.Sieswerda@tbdhu.com

Table 1: Respondents were asked to list all of the drugs that they had used in the last six months, to name their most favoured drug, and the one drug that they used most often.

Drug used at least once in last 6 months		Drug of choice		Drug used most often	
Marijuana	85%	Cocaine or crack*	30%	Marijuana	44%
Cocaine or crack*	68%	Marijuana	27%	Prescription opiates	17%
Prescription opiates**	52%	Prescription opiates**	14%	Methamphetamine	10%
Magic mushrooms	34%	Ecstasy	6%	Ritalin	6%
Methamphetamine	25%	Methamphetamine	4%	Cocaine or crack*	6%
Hash Oil	23%	Magic mushrooms	4%	Alcohol†	6%
Ecstasy	21%	Other	15%	Other	11%
Alcohol	21%				
Ritalin	21%	Tot	100%	Tot	100%
LSD	12%				
Valium	11%				
29 others listed by less than 10% of respondents					

* *Cocaine and crack had to be combined because the peer interviewers felt that many respondents did not distinguish between them, at least partly because greater stigma is attached to crack than to cocaine.*
** *The prescription opiates listed were OxyContin, Percocet, morphine, codeine, fentanyl, and Dilaudid.*
† *Respondents were not provided a list of drugs to choose from so, although non-illicit drugs like alcohol, nicotine, and caffeine were mentioned by a few respondents, they were under represented.*



HIV/AIDS CBR Principles

Community Driven

Community Relevance

Equitable Partnerships & Collaboration

Capacity Building

Anti-Oppression Framework

Attending to Process

Multiple Forms of Knowledge

Action Outcomes

Featured Organization:

Community–Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. Founded in 1996, we are a growing network of over 1,200 communities and campuses across North America and increasingly the world that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions and other partnership strategies. These partnerships are powerful tools for improving higher education, civic engagement and the overall health of communities.

The Community-Based Participatory Research (CBPR) listserv is cosponsored by Community-Campus Partnerships for Health and the Wellesley Institute. Since its launch in June 2004, the listserv has grown to over 2,200 subscribers who are passionate about CBPR! To subscribe, go to **http://mailman1.u.washington.edu/mailman/listinfo/cbpr**

Save the date! CCPH's 10th Anniversary Conference "Mobilizing Partnerships for Social Change" will be held on April 11-14, 2007 in Toronto. Deadline for proposals is October 6, 2006. Check www.ccph.info for more information.

OHTN will be offering a scholarship program to individuals working on HIV and the social determinants of health.

We Welcome Your Feedback

Please feel free to send us any comments or suggestion you may have about the content of this newsletter as well as any ideas of what you would like to see in future *Compass* issues. Please email your comments to: **compass@ohtn.on.ca**

Compass e-bulletin

We have also developed a *Compass* e-bulletin that will compliment the *Compass* newsletter by providing more specific information on CBR-related resources such as funding opportunities, upcoming conferences, seminars and much more. If you would like to receive this e-bulletin on a regular basis please send an email to: **e-compass@ohtn.on.ca**

We welcome you to join us at the OHTN Research Conference "Mobilizing Knowledge" on November 27 and 28, 2006. For more information, please go to www.ohtn.on.ca

Compass Partners:

Ontario HIV Treatment Network (OHTN): Its mission is to optimize the quality of life of people living with HIV in Ontario and to promote excellence and innovation in treatment, research, education and prevention through a collaborative network of excellence representing consumers, providers, researchers and other stakeholders. **www.ohtn.on.ca**

Ontario AIDS Network (OAN): A network of community-based organizations formed as a grass roots response to the need for AIDS services and information. Through advocating, supporting and caring, the OAN enhances the ability of its members to continue to improve the quality and length of life of those infected and affected by HIV/AIDS and to prevent the spread of HIV/AIDS. **www.ontarioaidsnetwork.on.ca**

Community Linked Evaluation AIDS Resource (CLEAR): Through community direction and joint leadership, CLEAR provides the opportunity for equitable access to evaluation services and expertise to increase the effectiveness, efficiency and relevance of Community-Based AIDS Organizations and HIV/AIDS programs in their response to HIV/AIDS. **www.fhs.mcmaster.ca/slru/clear**

Editors:
Robb Travers
Scientist & Director of Community Based Research
Ontario HIV Treatment Network

Shelley Cleverly
Director of Community Based Research
Ontario AIDS Network

Carolyn Byrne
CLEAR Investigator
Community Linked Evaluation AIDS Resource

Assistant Editor:
Colleen McKay
Project Coordinator
Ontario HIV Treatment Network